

D Voice Unilateral Vocal Fold Paralysis

Record ID

1. Gold Standard Diagnosis

Does the patient have VFP confirmed by laryngoscopy/stroboscopy?

- ☐ No
☐ Yes
☐ Not certain

2. Disease Subtype

Which side is the paralysis? Choose all that apply

- ☐ Left
☐ Right

3. Etiology

What is the etiology?

- ☐ Idiopathic
☐ Iatrogenic (surgery/intubation)
☐ Tumor invading RLN
☐ Radiation
☐ Other

Please specify

Iatrogenic (surgery/intubation) subcategory

- ☐ Thyroidectomy
☐ ACDF
☐ Lung surgery
☐ Heart Surgery
☐ Intubation
☐ Brain Surgery
☐ Other

Please specify

Tumor invading RLN - Subcategory

- ☐ Brain
☐ Chest
☐ Neck

4. Disease Severity

Degree of Glottic Gap

- ☐ No glottic gap
☐ Small
☐ Moderate
☐ Large

Degree of dysphonia

CAPE-V scale

Legend: C- Consistent I = Intermittent
MI = Mildly Deviant
MO = Moderately Deviant
SE = Severely Deviant

Overall Severity	<div>MI</div> <div>MO</div> <div>SE</div> <div></div> <div>(Place a mark on the scale above)</div>
Overall Severity	<div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div>
Roughness	<div>MI</div> <div>MO</div> <div>SE</div> <div></div> <div>(Place a mark on the scale above)</div>
Roughness	<div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div>
Breathiness	<div>MI</div> <div>MO</div> <div>SE</div> <div></div> <div>(Place a mark on the scale above)</div>
Breathiness	<div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div>
Strain	<div>MI</div> <div>MO</div> <div>SE</div> <div></div> <div>(Place a mark on the scale above)</div>
Strain	<div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div>
Pitch	<div>MI</div> <div>MO</div> <div>SE</div> <div></div> <div>(Place a mark on the scale above)</div>
Pitch (Indicate the nature of the abnormality):	<div></div>
Pitch	<div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div>
Loudness	<div>MI</div> <div>MO</div> <div>SE</div> <div></div> <div>(Place a mark on the scale above)</div>
Loudness (Indicate the nature of the abnormality):	<div></div>
Loudness	<div><input type="radio"/> Consistent</div> <div><input type="radio"/> Intermittent</div>
Comments about resonance	<div><input type="radio"/> Normal</div> <div><input type="radio"/> Other</div>
Please specify	<div></div>
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<div></div>

5. Treatment obtained

Has the patient undergone any treatment for their condition?

☐ Yes

☐ No

Select all that apply:

☐ Surgery / Procedure

☐ Speech therapy

☐ Other

Other treatment, please specify

Surgery / Procedure

☐ Thyroplasty

☐ Vocal fold injection augmentation

☐ Arytenoid adduction

☐ Other

Other Surgery / Procedure, please specify

Thyroplasty - Subcategory

☐ Gore-Tex

☐ Silastic

Vocal fold injection augmentation - Subcategory

☐ CaHA

☐ Gel

☐ Hyaluronic acid augmentation

☐ Fat injection